

Health Workforce Shortages: Nursing versus Allied Health

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Everyone has heard much about the nursing workforce shortage, and it is real and it is large. Since nursing is the largest health profession, it tends to get a great deal of attention. Not wanting to sound resentful, it frequently overshadows the allied health professions. Collectively, depending on what professions and levels are included, allied health is as large as or larger than nursing and the job growth is also as large or larger. Using the U.S. Bureau of Labor Statistics projections, the following table shows projected job growth for nursing and the allied health professions.

Occupation	Employment		Change		Total job openings growth & net replacements 2002-12
	Number		Number	Percent	
	2002	2012			
<u>Nursing</u>					
Registered nurses	2,284	2,908	623	27.3	1,101
<u>Allied Health</u>					
Dental assistants	266	379	113	42.5	187
Medical & health services managers	244	315	71	29.3	119
Pharmacy technicians	211	271	60	28.8	88
Medical records & health info techs	147	216	69	46.8	90
Emergency med techs & paramedics	179	238	59	33.1	80
Physical therapists	137	185	48	35.3	62
Dental hygienists	148	212	64	43.1	76
Radiologic technologists & technicians	174	214	40	22.9	72
Clinical lab. technologists & techs	297	355	58	19.4	137
Speech-language pathologists	94	120	26	27.2	49
Respiratory therapists	86	116	30	34.8	58
Occupational therapists	82	110	28	35.2	40
Physician's assistants	63	94	31	48.9	40
Subtotal	2,128	2,825	697		1,098
Other degreed allied health (20 disciplines)	1,613	2,188	575		902
Total degreed allied health	3,741	5,013	1,272		2,000

Numbers listed are in thousands of jobs.

Source: Bureau of Labor Statistics: Occupational Employment Projections 2012, Monthly Labor Review, Feb 2004. Chart prepared January 2005 by Stephen N. Collier using BLS data.

Many of our ASAHP member schools have nursing as a part of the allied health school or unit. In fact, the ASAHP website indicates that 39 out of 111 member schools contain a nursing program. The American Association of Colleges of Nursing (AACN) represents the baccalaureate and higher degree nursing programs in the U.S. and has been an effective advocate for its constituents.

In the last several years AACN has spotlighted the fact that much of the workforce shortage in nursing is due primarily to a shortage of faculty, clinical training sites, and other resources which limits the number of students programs can enroll. For example, in the fall of 2004, AACN reports that over 32,000 qualified applications were denied admission (see <http://www.aacn.nche.edu/Media/NewsReleases/2005/Enrollments05.htm>), of which 29,425 were from entry-level baccalaureate programs. Such a statement communicates a powerful message. Without intending to diminish the severity of the nursing workforce issue, if one examines the situation more carefully, some interesting facts come to light.

During 2004, according to AACN, there were 112,180 students enrolled in all years of entry-level baccalaureate nursing programs. During that same year 84,002 applications met the admission criteria and 54,577 applications were accepted and enrolled. Out of the over 32,000 applications denied admission, 29,425 were from entry-level baccalaureate programs ($84,002 - 54,577 = 29,425$). Because nursing education is so large, 29,425 applications denied sounds very large. However, 54,577 entrants out of 84,002 means that about 65% of all qualified applications resulted in admission to a baccalaureate nursing program—or one person for every 1.5 qualified application. One thing AACN does not point out is that this evidently does not represent an unduplicated headcount. Since many individuals generally apply to multiple programs, the actual number of qualified individuals is going to be less than the number of qualified applications. So, it may not be inconceivable that almost all applicants who met the minimal qualifications for admission were able to gain entrance to a baccalaureate nursing program.

In comparison to nursing, many programs in the allied health professions have a more competitive environment and turn away a greater proportion of applicants. For example, in my own school with over 20 programs, the qualified applicants per space average a little over 1.5 at the undergraduate level and 2.2 at the graduate level, with some programs having 3 or more qualified applicants per space. A number of allied health schools find themselves in a similar situation.

There are not many allied health professional organizations that provide the kinds of application and admission data similar to that of AACN. Two that do, however, are the American Physical Therapy Association (APTA) and the American Society of Radiologic Technologists (ASRT). APTA reports in its 2005 Education Fact Sheet that in 2004 the mean number of qualified applicants to entry level PT programs was 79, of which the number enrolled was 32. These figures result in only 41% of PT applications gaining admittance, or one in every 2.5 applications, compared to 65% or one in every 1.5 applications in the case of nursing. These national numbers are corroborated by my own school's experience with applications to its PT program.

For radiography, radiation therapy, and nuclear medicine technology, ASRT reports estimates of first year (entering) enrollments of 16,475 for radiography, 1,382 for radiation therapy, and 1,698 for nuclear medicine, or a total for the three types of

programs of 19,555 in 950 accredited educational programs. Overall, 76.7 per cent of program directors reported full enrollments in fall 2005. ASRT estimates that the full enrollment programs collectively turned away 31,797 qualified students while those that were not full reported an unused capacity totaling 1,419. For the full enrollment programs, it means that only about one in 2.5 applications resulted in being admitted.

As in the case of nursing, the figures for physical therapy, radiation therapy, and the imaging sciences do not represent an unduplicated headcount, so the actual number of applicants is less than the number of applications. In order to have application numbers that control for multiple applications by the same individual—an unduplicated headcount—a centralized application clearinghouse would be needed where all applicants apply through the clearinghouse. Most physician assistant programs participate in such an admission application clearinghouse.

Even though there are many disciplines that constitute the allied health professions, and thus there is considerable variance among them in the proportion of applicants per space, it can still be stated with certainty that for many of them it is more competitive to gain admission into many allied health programs than it is to a baccalaureate nursing program.

Strong workforce demand exists for a number of allied health programs and persistent shortages of graduates continue. On a relative basis, the shortages may be more severe than those found in nursing, but that is a fact that is not widely known or communicated with the same impact as our colleagues in nursing.